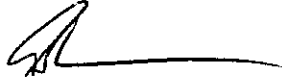


RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾		DATE <div style="text-align: center; font-size: 1.2em;">August 27, 2007</div>
NAME OF SERVER (PRINT) <div style="font-size: 1.1em;">Charles Snyderman</div>		TITLE <div style="text-align: center; font-size: 1.1em;">Plaintiff's Attorney</div>
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____		
<input checked="" type="checkbox"/> Other (specify): <u>served by certified mail, return receipt requested</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>08/19/07</u> <div style="text-align: center; font-size: 0.8em;">Date</div>		
<div style="text-align: center;"> _____ <div style="text-align: center; font-size: 0.8em;">Signature of Server</div></div>		
<div style="text-align: center;"><u>5301 Limestone Road, Suite 214</u> <div style="text-align: center; font-size: 0.8em;">Address of Server</div><u>Wilmington, DE 19808</u></div>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Alberto Gonzales
U.S. Attorney General
Department of Justice
10th & Constitutional Avenue, NW
Washington, D.C. 20530

2. Article Number
(Transfer from service label)

7099 3400 0011 4035 8129

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Alberto Gonzales☐ Agent☐ Addressee

B. Received by (Printed Name)

SEP 05 2007

C. Date of Delivery

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

CHARLES SNYDERMAN, P.A.
5301 LIMESTONE ROAD, SUITE 214
WILMINGTON, DELAWARE 19808

